

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BT	59	10-16-00
O.I.P.E. CLASSIFIER		70017	10-25-00
FORMALITY REVIEW			11/16/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	10/16/00
2	✓	✓	10/16/00
3	✓	✓	10/16/00
4	✓	✓	10/16/00
5	✓	✓	10/16/00
6	✓	✓	10/16/00
7	✓	✓	10/16/00
8	✓	✓	10/16/00
9	✓	✓	10/16/00
10	✓	✓	10/16/00
11	✓	✓	10/16/00
12	✓	✓	10/16/00
13	✓	✓	10/16/00
14	✓	✓	10/16/00
15	✓	✓	10/16/00
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26	✓	✓	10/16/00
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46	✓	✓	10/16/00
47	✓	✓	10/16/00
48	✓	✓	10/16/00
49	✓	✓	10/16/00
50	✓	✓	10/16/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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